



# 2016 FALL HOT SHOT SOCCER

At The Rocky Mount Sports Complex

Ages 3-15 (As of 8/1/16)

## REGISTRATION DEADLINE:

Friday, July 29th



**FASTMED**  
URGENT CARE

personal care in your neighborhood

**Hot Shot Soccer**



Rocky Mount Parks and Recreation has a partnership with Tar River Youth Soccer Association (TRYSA). Hot Shot Soccer is recognized as a North Carolina Youth Soccer Association (NCYSA) recreational league.

### Athletics Office

Phone: 252-972-1160

Fax: 252-972-1685

### Mission Statement:

To advance the quality of life by providing positive, inclusive experiences through people, parks, and programs

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color or religion.

Participant's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
(month, day, year)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Email \_\_\_\_\_ Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Special Needs:(optional) \_\_\_\_\_ Last Year's Team \_\_\_\_\_

### Please Circle Age Division

All Divisions are Co-Ed

#### U4 Age Group

3 yr old (Must be 3 as of 8/1/16)  
4 yr old (under 4yr old as of 8/1/16)

#### U6 Age Group

Under 6 yr old as of 8/1/16

#### U8 Age Group

Under 8 yr old as of 8/1/16

#### Registration Fees

City Resident \$36.00  
Non City Resident \$54.00

### Please Circle Age Division

All Divisions are Co-Ed

#### U10 Age Group

Under 10 yr old as of 8/1/16

#### U12 Age Group

Under 12 yr old as of 8/1/16

#### U15 Age Group

Under 15 yr old as of 8/1/16

#### Registration Fees

City Resident \$36.00  
Non City Resident \$54.00

### INTERESTED IN COACHING ?

☐

Check box above.  
Visit our website  
or contact the  
Athletics Office

**Additional  
\$10.00 Late  
Fee Due  
After 7/29!**

Certified Copy  
of BC on File  
(Office Use Only)

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

### Payment Options:

**Money Order / Credit Card / Check**

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Code # \_\_\_\_\_

Signature \_\_\_\_\_

(For Credit Card Payment ONLY)

Check/Money Order # \_\_\_\_\_

Receipt # \_\_\_\_\_

Make checks and M/O payable to:

**CITY OF ROCKY MOUNT**

***NO CASH ACCEPTED!***

### REGISTRATION REQUIREMENT

The Athletics Office **MUST** see a **CERTIFIED** copy of a child's birth certificate for first time participants (or participants that do not have a **CERTIFIED** copy on file)

### REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. **NO REFUND** if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

### Online Registration

For more information visit  
our website.

[www.rockymountnc.gov/parks](http://www.rockymountnc.gov/parks)  
Register for Activities

### HOW TO REGISTER:

#### In person at the following facilities

Monday-Friday  
8:30am-5:00pm:

RM Wilson Gym (311 Hill St)  
City Hall Parks & Rec Adm Office  
(3rd Floor)

#### Mail completed form and payment to:

City of Rocky Mount  
Attn: Lynn Driver,  
Athletics Division  
PO Box 1180  
Rocky Mount, NC 27802-1180

### CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the 2016 Youth Soccer Programs (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) **RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE** the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) **INDEMNIFY, DEFEND and HOLD HARMLESS** the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

**PHOTO RELEASE STATEMENT**— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

(SEAL)

Signature of Parent/Guardian

Print Name

Date: \_\_\_\_\_